

# Section VI

## *Military Health System Optimization & Population Health Support Center (OPHSC)*

### Concept

The OPHSC is currently under development. The following represents the planned concept of operations.

The OPHSC will respond to information and resource needs from all levels of the MHS. Its scope includes facilitating and supporting the development of MHS-wide programs for optimization and population health improvement, including population health educational programs for patients, MTF personnel, and leadership. Ultimately, it will proactively research and disseminate information to support performance improvement across the enterprise. Until the MHS OPHSC is fully operational, questions and comments about the principles, processes, tools and resources in the PHI Plan and Guide can be communicated to the contacts at [http://www.tricare.osd.mil/opt\\_int/PHIT\\_Member.htm](http://www.tricare.osd.mil/opt_int/PHIT_Member.htm).

The OPHSC will provide a single interface to the customer for supporting and implementing the programs, tools, and surveillance systems designed to measure and improve the health of MHS beneficiaries. It will integrate a number of currently separate, but related, population health data, surveillance, and program management activities. Efficiencies are to be achieved by consolidating and reducing administrative and IM/IT support, eliminating duplicative missions and functions, and ensuring that the various MHS population health programs and tools operate together seamlessly.

While the OPHSC will provide feedback and recommendations to higher authorities for planning, research, and policy development, its primary mission will be program execution and field support. To

achieve this mission, it will work closely with other population health agencies (e.g., DoD Pharmaco-Economic Center [PEC], U.S. Army Center for Health Promotion and Preventive Medicine [CHPPM], the USAF Population Health Support Division [PHSD], USAF Institute for Environmental, Safety, and Occupational Health Risk Analysis [IERA], Navy Environmental Health Center [NEHC], Uniformed Services University of Health Sciences [USUHS], and TMA, among many others) operating within the MHS. Activities supporting a total community approach to population health will be added to the MHS OPHSC after initial stand-up.

### Functions

#### *Knowledge Management and Transfer*

The OPHSC will provide centralized population health program support to the MTF staff (primary customer), MCS contractors, Service intermediate commands, Regional Lead Agent offices, and the Service Surgeons General. It will maintain a central clearinghouse for population health knowledge. It will make available information on current programs, policies, and points of contact for population health and optimization activities across the MHS. The Center will also collect and share population health and optimization innovations. These functions will be accomplished through a web-page and by telephone access to OPHSC personnel.

The OPHSC will provide essential support for the Population Health Improvement Plan by:

- Identifying, evaluating and disseminating clinical and business tools,

- Operating a robust information center,
- Procuring and disseminating population health and condition and disease management tools, and
- Assisting MTFs with health data and information needs (turning data into information).

Primary activities will include:

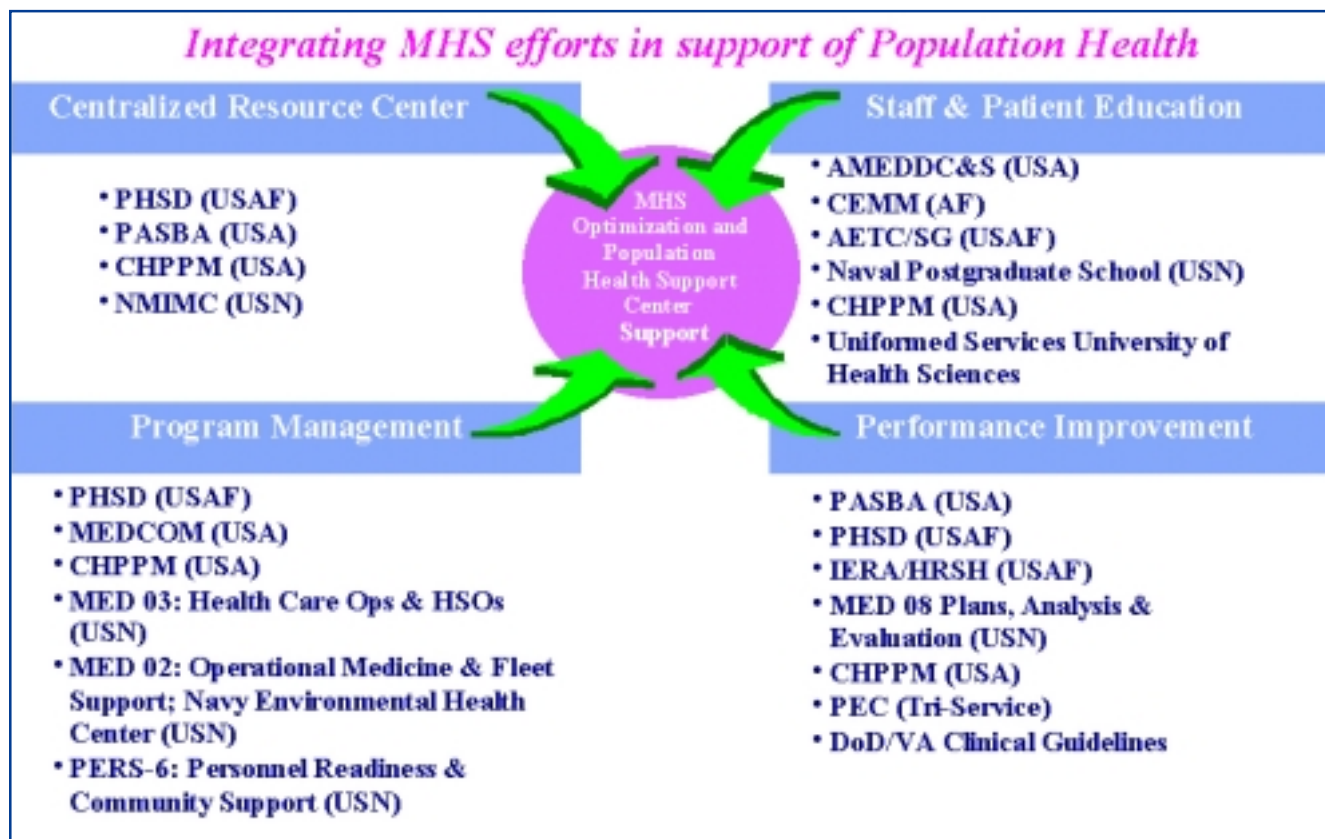
1. Operating a centralized help desk (three-tiered) as a single entry point of service to assist MTF commanders and staff in implementing best clinical and business practices, to most effectively and efficiently meet the needs of beneficiaries.
- a) Tier one - telephone/e-mail/Web-based resource support
- b) Tier two - research and networking support

- c) Tier three - on-site support for training and implementation guidance
2. Assisting MTFs in selecting the best implementation strategies for their installation.
3. Assisting MHS leadership and DoD-level policy-makers responsible for making evidence-based, population-health management decisions, by accessing or centrally acquiring (when necessary) pertinent data, analyzing and interpreting the data, and providing timely recommendations. Relevant information will be “pushed,” via Web-based technology and other electronic means to MTFs, Regional Lead Agent offices, Service intermediate commands, and higher headquarters.
4. Providing functional input to the MHS IM/IT communities

- a) Facilitating centralized MHS data collection, maintenance, analysis, and reporting for HEAR 1.0/2.0, immunization tracking, and PPIP.
- b) Serving as the coordination center for health-surveillance systems (in garrison and during deployment).
- c) Facilitating development and implementation of methodologies that improve MHS population-health data quality.

### *Support for Regional Lead Agent Population Health Offices*

The MHS OPHSC will facilitate the MHS Population Health Work Group comprised of representatives from each Region. It will cascade relevant information and issues through Regional Lead Agent and Service intermediate command population health offices to MTFs. It will also collect, analyze and evaluate issues



**Figure 12. Integrating and Coordinating Enterprise Population Health Improvement Support Capacity**

from Region and intermediate command offices for communication to MHS and Service leadership.

### *Program Management*

The OPHSC will integrate or coordinate many of the programs aimed at improving the delivery of preventive services and the management of clinical and disease conditions. Examples of existing programs to develop or implement tools for MHS-wide use include Self-Reporting Tools/Health Evaluation Assessment Review (HEAR), Put Prevention Into Practice (PIIP), VHA/DoD Clinical Practice Guidelines (CPG), and disease and condition management. Integrating and coordinating these and future programs will require OPHSC to perform several functions:

1. Establishing a centralized activity for selecting, adapting, coordinating, implementing, and sustaining tools and resources throughout the MHS;
2. Assuring compliance with programs and recommendations of the Prevention, Safety, and Health Promotion Council (PSHPC);
3. Coordinating with ASD/HA, TMA, and Surgeons General regarding policy;
4. Planning, budgeting, and monitoring program activities;
5. Developing the infrastructure to identify and adapt interventions and tools, identify outcomes, measure change, and sustain program development;
6. Providing consultation to Regional Lead Agent offices, MTFs, Services, Service intermediate commands, Managed Care Support Contractors, and others;
7. Documenting and aggregating needs

from the field;

8. Coordinating and partnering with newly developing MHS “Centers of Excellence” and other benchmark organizations and leveraging their lessons learned, innovations, marketing strategies, and education/training capabilities.

### *Patient and Staff Education*

Changing individual behavior is difficult at best. The majority of medical conditions seen today are a result of unhealthy lifestyle choices. Patient education is essential to modifying risk factors that adversely impact health. Clinical re-engineering and local implementation of population health improvement efforts require just-in-time education of clinical personnel in condition/disease management, patient education, and health care integration skills. Activities include:

1. Evaluating the effectiveness of existing officer and enlisted training in teaching principles of population health;
2. Identifying assessment tools to measure knowledge, attitudes, and skills of health-care workers in population health;
3. Identifying and implementing, in cooperation with Service education and training agencies, required pipeline and just-in-time training courses in population health, disease/condition management, and other topics, as required;
4. Providing MTF decision support personnel with central and on-site training in all aspects of population health as needed to develop local expertise, possibly using the train-the-trainer approach;
5. Utilizing web-based technology to provide distance learning in selected

population health areas; develop a library of courses as the needs are identified.

### *Performance Improvement: Actionable Information to Regions and MTFs*

Finally, the OPHSC will ensure that health status and performance measurement reports are disseminated to Regional Lead Agent offices and MTFs for their enrolled populations. By coordinating many of the population-health data collection, analysis, and reporting functions, the OPHSC will help track trends in population health status, health risks, preventive services delivery, utilization, reportable diseases, occupational injuries and illnesses, etc.

Once developed and approved, specific condition and disease management outcomes will also be tracked and reported. The OPHSC will provide recommendations for policy development, research and special studies and program refinement, based on continuous monitoring of the various population health data sources. Activities will include:

1. Facilitating development of Provider Support Reports (PSR) to enhance the health-care delivery process; training local staff in this process as needed for local data access;
2. Coordinating IM/IT development and data issues;
3. Coordinating clinical practice improvement strategy development through integration of research and development programs within the MHS, to include demonstration projects and automation implementation endeavors in support of clinical practice (i.e. DoD/VA CPG

- IPT);
4. Providing periodic updates to MTFs regarding data trends, metrics improvements, systems requirements, program changes, and related issues;
  5. Monitoring the health care environment for performance improvements and best clinical practices for dissemination across the MHS;
  6. Facilitating and supporting the development of population health marketing strategies;
  7. Identifying education and training requirements for new population health programs, tools, or initiatives, in coordination with education/training agencies for each Service; facilitating central just-in-time training programs on population health, as needed;
  8. Evaluating health services delivery systems within DoD and the civilian sectors to identify opportunities for system optimization within the MHS; and
  9. Consulting for questions/concerns from MTFs and intermediate commands regarding expanding the roles of nurses, enlisted medical

personnel, and other ancillary services personnel so they may function at the optimal level within their scope of practice.

### *Enterprise-wide Health Improvement Capacity*

There is a great capacity in the MHS to support population health improvement and optimization activities described in this plan. This capacity is distributed among numerous offices in Headquarters, Regional Lead Agent offices, and other offices. Figure 12 displays some of the offices where this great capacity resides. A challenging function for the OPHSC is to facilitate integrating and coordinating the capacity across the enterprise to get the best health outcomes for the entire MHS beneficiary population.